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RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

### UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

WILLIEW EAUER
Plaintiff,
vs.
PELICAN BAY STATE

Defendant.

PRISON

CASE NO. CV-08-0164

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, WILL WEANER, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_\_ No \_\_\_\_ No \_\_\_\_ If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

| Gross: \_\_\_\_\_ Net: \_\_\_\_\_
| Employer: \_\_\_\_\_

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1	If the answer is "no," state the date of last employment and the amount of the gross and net						
2	salary and wages per month which you received. (If you are imprisoned, specify the last						
3	place of employment prior to imprisonment.)						
4	SACRAMENTO, AIR PORT 300, WEEKLY						
5	12,06 MONTHLY						
6							
7	2. Have you received, within the past twelve (12) months, any money from any of the						
8	following sources:						
9	a.) Business, Profession or Yes No						
10	self employment						
11	b. Income from stocks, bonds, Yes No						
12	or royalties?						
13	c. Rent payments? Yes No						
14	d. Pensions, annuities, or Yes No						
15	life insurance payments?						
16	e. Federal or State welfare payments, Yes No						
17	Social Security or other govern-						
18	ment source?						
19	If the answer is "yes" to any of the above, describe each source of money and state the amount						
20	received from each.						
21							
22							
23.	3. Are you married? Yes No						
24	Spouse's Full Name:						
25	Spouse's Place of Employment:						
26	Spouse's Monthly Salary, Wages or Income:						
27	Gross \$ Net \$						
28	4. a. List amount you contribute to your spouse's support:\$						
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1	b. List the persons other than your spouse who are dependent upon you for
2	support and indicate how much you contribute toward their support. (NOTE:
3	For minor children, list only their initials and ages. DO NOT INCLUDE
4	THEIR NAMES.).
5	
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7	5. Do you own or are you buying a home? Yes No
8	Estimated Market Value: \$ Amount of Mortgage: \$
9	6. Do you own an automobile? Yes No
10	Make Year Model
11	Is it financed? Yes No If so, Total due: \$
12	Monthly Payment: \$
13	7. Do you have a bank account? Yes No (Do not include account numbers.)
14	Name(s) and address(es) of bank:
15	
16	Present balance(s): \$
17	Do you own any cash? Yes No Amount: \$
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
<u>1</u> 9	market value.) Yes No
20	
21	8. What are your monthly expenses?
22	Rent: \$ Utilities:
23	Food: \$ Clothing:
24	Charge Accounts:
25	Name of Account Monthly Payment Total Owed on This Acct.
26	\$\$\$
27	\$\$\$
28	<u> </u>
- 11	

1	9. Do you have any other debts? (List current obligations, indicating amounts and to
2	whom they are payable. Do not include account numbers.)
3	
4	
5	10. Does the complaint which you are seeking to file raise claims that have been presented
6	in other lawsuits? Yes No
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8	which they were filed.
9	
10	1 with the court
11	I consent to prison officials withdrawing from my trust account and paying to the court
12	the initial partial filing fee and all installment payments required by the court.
	I declare under the penalty of perjury that the foregoing is true and correct and
13	I deciate under the permitty and it is a former claims
13 14	understand that a false statement herein may result in the dismissal of my claims.
!	understand that a false statement herein may result in the dismissal of my claims.
14	understand that a false statement herein may result in the dismissal of my claims.
14 15	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  DATE  SIGNATURE OF APPLICANT
14 15 16	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  OI / 18 / 08
14 15 16 17	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  OI / 18 / 08
14 15 16 17 18	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  OI / 18 / 08
14 15 16 17 18 19 20 21	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  OI / 18 / 08
14 15 16 17 18 19 20 21 22	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  OI / 18 / 08
14 15 16 17 18 19 20 21 22 23	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  OI / 18 / 08
14 15 16 17 18 19 20 21 22 23 24	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  OI / 18 / 08
14 15 16 17 18 19 20 21 22 23 24 25	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  OI / 18 / 08
14 15 16 17 18 19 20 21 22 23 24 25 26	understand that a false statement herein may result in the dismissal of my claims.  OI / 18 / 08  OI / 18 / 08
14 15 16 17 18 19 20 21 22 23 24 25	understand that a false statement herein may result in the dismissal of my claims.  ON 18 10 8  DATE  SIGNATURE OF APPLICANT

Case	Number:		

## **CERTIFICATION OF FUNDS**

IN

#### PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Willie Eugene Weaver J91389 for the last six months at Pelican Bay State Prison where he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$5.63 and the average balance in the prisoner's account each month for the most recent 6-month period was \$10.28. (20% = \$2.06)

Dated: 3/12/08

Authorized officer of the institution



THE WITHIN INSTRUMENT IS A CORRECT

CALIFORNIA DEPARTMENT OF CORRECTIONS PAGE NO:
CALIFORNIA DEPARTMENT OF CORRECTIONS EPORT ID: TS303@ase 5.08-cv-00164-JW Document 6

PELICAN BAY STATE PRISON

INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 11, 2008

ACCOUNT NUMBER : J91389 ACCOUNT NAME : WEAVER, WILLIE EUGENE BED/CELL NUMBER: BF02U 000000210S

PAGE NO:

ACCOUNT TYPE: I

RIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

TRAN DATE CODE	DESCRIPTION	COMMENT C	HECK NUM DEPOSITS	WITHDRAWALS B	ALANCE
09/01/2007 11/27*DD30 11/27 W211 11/27 W214 11/27 W215 11/27 W212	CASH DEPOSIT & FEDERAL FILIN	2318 ML101 2333 11/27 2333 11/27 2333 11/27 2333 11/27 2333 11/27	11.25	1.40 1.40 1.40 1.40 1.40 1.40	0.00 11.25 9.85 8.45 7.05 5.65 4.25 2.85
11/27 W212 11/27 W214 11/27 W211	FEDERAL FILIN FEDERAL FILIN CASH DEPOSIT	2333 11/27	22.50	1.40	0.05 22.55 5.32
ACTIVITY	DRAW-FAC 10 LEGAL COPY CH	2808 B2 3013 3408/3013		2 40-	2.92 <del>5.32</del>

DATE	HOLD	CURRENT DESCRIPTION	HOLDS IN EFF	ECT COMME	NT	HOLD AMOUNT
PLACED  07/31/2007 07/31/2007	H103	DAMAGES-REFUSED TO DAMAGES-REFUSED TO FEDERAL FILING FEE	SIGN HOLD	0506 0506 2864	CCI CCI (2/27	2.87 2.45 22.50
01/08/2008	H116					

\* RESTITUTION ACCOUNT ACTIVITY

CASE NUMBER: 94F09335 FINE AMOUNT: \$ 5,600,00 DATE SENTENCED: 01/19/96

COUNTY CODE: SAC TRANS. AMT. DESCRIPTION TRANS. DATE 5,318.82

BEGINNING BALANCE 09/01/2007

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED

BY THIS OFFICE. ATTEST: 3-11-08

CALIFORNIA DEPARTMENT OF CORRECTIONS

Case 5:08-cv-00164-JW Document 6 Filed 03/26/2008

PagePoRF7DATE: 03/11/(

PAGE NO:

PELICAN BAY STATE PRISON INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 11, 2008

ACCT: J91389 ACCT NAME: WEAVER, WILLIE EUGENE

ACCT TYPE: 1

# \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 01/19/96

COUNTY CODE: SAC

CASE NUMBER: 94F09335

FINE AMOUNT: \$

DATE TRANS. DESCRIPTION 5,600.00 11/27/07 TRANS. AMT. DR30 REST DED-CASH DEPOSIT 12/27/07 BALANCE DR30 REST DED-CASH DEPOSIT 12.50-5,306.32

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. 5,281.32

# TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS		HOLDS	TRANSACTIONS
0.00	33.75	28.43		BALANCE	TO BE POSTED
* \$100, \$100			5.32	27.82	
The first of the second					0.00

CURRENT AVAILABLE BALANCE

22.50-



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED ATTEST: 3-11-08

CALIFORNIA DEPARTMENT OF CORRECTIONS

Eiled 6590 . 80 . 77 08-00655 es-0-80 08-0165 CASENO CU - 08. 0171 CASENO: 60-08-0147 ・ズン 3 リフリ CASE NO. CASENO OS 的文 CASENO.

03/26/2008

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